

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23368

Registrar's No.

5720

Aug 28 1941

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME William J. Donoghue

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Donoghue 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased October 7 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 2 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Crane Operator
11. Industry or business Federal Barge Line

MOTHER FATHER { 12. Name Michael Donoghue
13. Birthplace Dont Know 9 Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Dont Know 9 Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Donoghue
(b) Address 2422 Coleman St.

17. (a) Burial (b) Date thereof 7 - 12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

* (c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director 1710 N. Grand Blvd.
(b) Address

19. (a) JUL 11 1941 (b) J. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2422 Coleman St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1941 hour 11 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 5 1941, to July 9 1941;
that I last saw him alive on July 9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Rheumatic Heart Disease
Due to _____

Other conditions Ch. Ht. Failure, mitral stenosis & aortic stenosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Ch. Ht. Failure, mitral stenosis & aortic stenosis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature J. B. Biedeck (M. D. or other) MD
Address Hennepin Bldg Date signed 7/10/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Fred Truck

Licensed Embalmer No. **3186**

P. O. Address **St. Louis, Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.